

JOB ANNOUNCEMENT

Job Title: Utility Clerk

Status: Regular Full Time Position

Salary: **Group 15** Step 1- 3: **\$12.07 to \$12.69/hour DOQ**

Open Date: May 26, 2017 Closing Date: Open Until Filled

Description: The City of Taylor is seeking a qualified applicant for Utility Clerk. This is a moderately complex technical bookkeeping work requiring knowledge of maintaining utility customer account files, and reviewing and correcting change listings to insure accurate billing. Greet and receives payments

from the general public.

Qualifications:

High School graduate with courses in typing, bookkeeping and technical accounting; previous training on computer, 10-key calculator (touch), radio dispatching, telephone systems, and other general office equipment *Or* a combination of training and experience substantially equivalent to completion of training in bookkeeping and technical accounting subjects and experience in technical accounting or bookkeeping work and a combination substantially equivalent to considerable experience in customer account maintenance, including experience with utility customer accounts.

Special Requirements:

Must have strong customer service experience, and a pleasant personality, positive and professional attitude, and excellent communication skills, as well as strong cash handling skills. Must be able to work hours as needed. Bilingual a plus.

How to Apply:

A City of Taylor Application is required for this position.

Resumes alone WILL NOT BE ACCEPTED but may be attached to a City application.

Please send your application to: Email: jobs@taylortx.gov or

Mail or Deliver: Human Resources, City of Taylor, 400 Porter St., Taylor, TX 76574

Questions:

Email: jobs@taylortx.gov, Phone: (512) 352-5993 or Website: www.taylortx.gov

Benefits: Health, Dental and Long Term Disability Insurance (*Employee coverage paid by the City*); 7% 1 ½ to 1 match retirement with Texas Municipal Retirement System; Social Security match; Paid holidays,

vacation and paid sick days

The City of Taylor is an Equal Opportunity Employer



JOB DESCRIPTION

Class No: 625 Job Title: Utility Clerk

Pay Group: 15 EEOC Category: Office & Clerical

Date: April 24, 2015 FLSA Category: Non-Exempt

BRIEF DESCRIPTION OF THE JOB: This is a moderately complex technical bookkeeping work requiring knowledge of maintaining utility customer account files, and reviewing and correcting change listings to insure accurate billing. Greet and receives payments from the general public.

ORGANIZATIONAL RELATIONSHIPS:

Reports to: Utility Billing Manager

Directs: Although this is a non-supervisory position, individual occasionally has

responsibility of directing others under instruction of supervisor.

Other: Has regular contact with other departmental employees and the general

public; may

have contact with a variety of other city organizations, vendors, etc.

ESSENTIAL DUTIES:

This is a description of the way this job is currently performed; there is potential for accommodation.

Description of Work	Av.	Strength*	Physical
	% of		Demand Code*
	Time		
Greets the public in person and via telephone.			
Answers emails and fax requests. Responds	35%	L	A,B,C,D,E,G,H,
to questions, complaints and requests relating			I,Q,R,S
to Utility Billing accounts as well as all other			
City functions. Refers complex issues to the			
appropriate person, gives directions, and			
takes messages where appropriate			
Work as a cashier receiving utility payments,	35%	М	A,B,C,D,F,G,
balancing cash drawer daily. Balances and			H,I,M,N,Q,R,S
posts daily receipts for accounts receivable			

		1	
and prepares daily bank deposits; reconciles deposits with computer printout; prepares adjustment entries for accounts.			
Sets up new utility accounts, disconnects, reconnects and transfers existing service. Monitors broken arrangements and past due accounts that need to be/are disconnected for non-payment. Assists in keeping customer/account database information up to date.	10%		A,B,C,D,E,G,H,I,J,K, M,N,Q,R,S
Receives and handles complaints, questions and service requests relating to trash services.	7%		
Monitor on-line payments made throughout the business day. Post ACH payments in the utility billing system. Process checks through Remit Plus.	2%	М	A,B,C,D,E,G,H, J,M,N,Q,R,S
Maintains customer account and bad debt files; keeping related documents consistently filed.	2%		A,B,C,D,E,G,H,I,J,K, M,N,Q,R,S
Provides meter location information by street address, physical location for service tech and assist other departments with this information. Creates and completes Service Orders.	2%	L	A,B,C,D,E,G,H J,M,N,Q,R,S
Researches and compiles account histories of consumption patterns, past service calls, and similar information to assist in resolving disputed billing or service maintenance inquiries.	2%	L	A,B,C,D,E,G,H,J, M,N,Q,R,S
Assist with bad debt accounts in researching and locating customers before bad debt accounts are sent to collection agency.	2%	L	A,B,C,D,E,G,H,J, M,N,Q,R,S
Receives and processes deposits/payments for other City departments (animal control, library, etc.).	1%	L	A,B,C,D,E,F,G,H I,J,K,M,N,Q,R,S,T
Perform other related duties as assigned.	2%		

PHYSICAL DEMANDS:

Overall Strength Demand
Sedentary _X_ Light to MediumHeavy Very Heavy
2. Frequency for each physical demand listed in Essential Duties: C_A. Standing F_G. Reaching R_L. Crawling C_Q. Vision B. Sitting C_H. Handling F_M. Bending C_R. Hearing F_C. Walking C_I. Fine Dexterity F_N. Twisting C_S. Talking O_D. Lifting O_J. Kneeling R_O. Climbing C_T. Foo Controls
<u>F</u> E. Carrying <u>O</u> K. Crouching <u>F</u> P. Balancing <u>U</u> . Other <u>F</u> F. Pushing/Pulling C-Continuously, F-Frequently, O-Occasionally; R-Rarely

3. Description of Physical Demand

3. Description of Fit	ysical Demand
Physical Demand	Description
STANDING/WALKING	Wait on customers at lobby window and drive-thru window
SITTING	Working at computer workstation
LIFTING/CARRYING	Seldom carry or move storage boxes
PUSHING/PULLING	Moving, filing, searching files held file cabinets, boxes in the
	storage room.
REACHING	Collecting utility payments at drive-thru window
HANDLING	Collecting payments, and handling computer printouts
CROUCHING	Filing and searching files in cabinet drawers low to the floor
KNEELING	Looking in old files located in boxes held in storage
BENDING	Filing and searching files in cabinet drawers low to the floor
CLIMBING/BALANCING	Stepping up on foot stool in storage room to retrieve and store storage boxes
TWISTING	Moving from drive-thru window to other locations in office
VISION	Must be able to see details on computer printouts
FOOT CONTROLS	Walking in areas of the building and in confined areas

NON-PHYSICAL DEMANDS:

C time pressures	C_noisy/distracting environment
O_ emergency situations	C tedious exacting work situation
<u>C</u> irregular schedule/overtime	C working closely with others as part of a team
R danger/physical abuse	C _performing multiple tasks simultaneously
C frequent change of tasks	other (describe below) Work closely with the
	general public on a constant basis responding to
	their requests
O varying periods of idle time	e interspersed with emergencies requiring intense
concentration	
	time), F-FREQUENTLY (1/3 TO 2/3 of the time), O-
OCCASIONALLY (up to 1/3 of the tir	me), R-RARELY (Less than 1 hour per week)

EQUIPMENT, MACHINES, TOOLS, AND WORK AIDS: Personal computer, including word processing and spreadsheet software; utility billing software; printer, typewriter, calculator/10 key touch, phone, copy machine, fax machine.

ENVIRONMENTAL FACTORS AND SAFETY HAZARDS: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. The noise level in the work environment is usually moderate.

KNOWLEDGE AND ABILITIES:

Knowledge and skill of modern office practices, procedures and equipment and standard clerical techniques.

Considerable knowledge of the standards and methods of customer account maintenance.

Knowledge of basic bookkeeping and billing practices.

Knowledge of the effect of seasonal weather and activity variations on utility consumption.

Ability to:

- Make varied arithmetic computations and tabulations rapidly and accurately.
- Establish and maintain effective working relationships with employees and the general public.
- Excellent customer service skills.
- o Cash handling experience.
- o Understand and carry out moderately complex oral and written instructions.
- Operate a computer and the ability to develop such skill in a reasonable period of time and operate a 10-key calculator/adding machine.
- Knowledge and experience of computers and Microsoft software (Excel, Word)
- Maintain accurate records.
- Detect and analyze indicated metering abnormalities in relation to past consumption patterns, seasonal variations, and other pertinent factors, and to draw reasonable conclusions.
- Regular and timely attendance is required.
- o Get along well with others; performance requires teamwork.
- o Bilingual English/Spanish is a plus.

ACCEPTABLE EXPERIENCE AND TRAINING:

High school graduation, previous computer experience, 10-key (touch), cash handling, telephone systems, copy machine, fax machine, scanners, and other general office equipment.

or a combination of training and experience substantially equivalent to completion of training in bookkeeping and technical accounting subjects and experience in technical accounting or bookkeeping work and a combination substantially equivalent to considerable experience in customer account maintenance, including experience with utility customer accounts.

CERTIFICATES/LICENSES REQUIRED:

Must complete cash handling training within 60 days of employment.

I acknowledge that I have read and understand the duties and demands required of this position and further affirm that I can perform them as described with or without accommodations. This job description does not constitute an employment agreement and is subject to change as deemed appropriate by the City of Taylor.

Applicant or Employee:		
Printed Name	Signature	Date



PERSONAL DATA

CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574

Phone: (512)352-5993 www.taylortx.gov

If you need assistance in completing this employment application, please inquire at the Human Resources Office. The City conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodations (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Human Resources Office in writing when you submit your application.

			FOR OFFIC	E USE ONLY
(LAST NAME)	(FIRST NAME)	(INITIAL)	Received	Ltr sent
			Refs chkd	Bkgd ck
(STREET ADDRESS, RFD, P.	O. BOX)		Interview	Hired
(CITY)	(STATE)	(ZIP CODE)		
Phone Numbers:()		Social Security Number_		
Email Address:	P			
Date you would be availab	ole to start work?		_	
Check type of work you ar	re seeking:	ılar Temporary	☐ Part time	☐ Full time
Have you ever filed an app	olication with the City of T	Taylor before? □ Yes □	No If yes	s, when?
Have you ever been emplo	oyed here before?	□ Yes □ No	If yes, when	?
Are you related to any per If yes, list name and relation				_
Minimum Salary Requesti	ng \$per			
Name of School Attended	City/State	Dates Attended From To		oloma or Degree eived

SKILLS: List any additional special skills you may have (computer software, special equipment, languages, etc.)

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on a separate sheet of paper. Attach additional sheets or resume if needed. May we contact your present employer? \square Yes \square No Employer **Employed From:** To: **Employer Address** Starting salary **Ending Salary** Job Title Supervisor and Phone no. **Summary of job duties** Reason for leaving **Employer Employed From:** To: **Employer Address Starting salary Ending Salary** Job Title Supervisor and Phone no. Summary of job duties Reason for leaving Employer **Employed From:** To: **Employer Address** Starting salary **Ending Salary** Job Title Supervisor and Phone no. Summary of job duties Reason for leaving

Employer	Employed From:	То:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	
Employer	Employed From:	То:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	
Employer	Employed Enoma	To
Employer	Employed From:	То:
Employer Address	Employed From: Starting salary	To: Ending Salary
Employer Address	Starting salary	
Employer Address Job Title	Starting salary Supervisor and Phone no.	
Employer Address Job Title Summary of job duties	Starting salary Supervisor and Phone no. Reason for leaving	Ending Salary
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Employer Address Job Title Summary of job duties Employer	Starting salary Supervisor and Phone no. Reason for leaving Employed From:	Ending Salary To:
Employer Address Job Title Summary of job duties Employer Employer Employer Address	Starting salary Supervisor and Phone no. Reason for leaving Employed From: Starting salary	Ending Salary To:
Employer Address Job Title Summary of job duties Employer Employer Address Job Title	Starting salary Supervisor and Phone no. Reason for leaving Employed From: Starting salary Supervisor and Phone no.	Ending Salary To:

•	been convicted or	f a felony, mis	sdemeanor, or a	ny other crime	or been the subject of deferred
adjudication?	□ Yes	□ No	If yes, give det	ails below.	
applying requi- for employmer	res the operation of	of a motor veh ment or an on	nicle. Convictionission will disc	on will not resu qualify you. Th	ne position for which you are lt in your automatic disqualification ne seriousness of the crime, the date ed.)
Date of Offense	Type of	I	evel and Degree of Of	fense	Court Disposition (Convicted, Deferred Adjudication)
Month/Year	Offense	Felony	Misdemeanor	Other Crime	
Do you have a	current Texas Dri	iver's License	? □ Yes	□ No I	icense #
Do you have a Type of license					icense #

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION	
AUTHORIZATION FOR RELEASE OF INFORMATION: I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge and I authorize any former employer to release to an authorized representative of the City of Taylor any and all employment records or other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents and verifying my identity and eligibility for employment. In addition, I understand that if selected for an interview, true copies of all degrees, certificates or licenses listed on this application will be required before an offer of employment can be made. A photocopy of this authorization shall be as valid as the original.				
I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.				
I understand that the City of Taylor may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements.				
I understand that offers of employment are conditioned upon my passing a Drug Screening.				
I understand that if hired, my employment would be for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time. All information is subject to verification and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge. The City of Taylor is an "at-will" employer and only written representations of offers made by the City of Taylor will be enforceable.				

Date:_____

Signature of Applicant:_____



CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574Phone: (512)352-5993
www.taylortx.gov

EEOC STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunity for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

<u>PLEASE NOTE</u>: The information requested on this form will be used for <u>statistical reporting purposes only</u>. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become part of your personnel file if you are hired.

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below

ociow.			
SEX	Male Female		$\frac{AGE}{\Box} \text{ (in years)}$ $\frac{\Box}{\Box} \text{ Under 40}$ $\frac{\Box}{\Box} \text{ 40 and above}$
RACIA	AL/ETHNIC GROUP	HOW	/ DID YOU FIND OUT ABOUT THE JOB?
	Caucasian (Not of Hispanic Origin)		Posted Job Announcement in:
	Black (Not of Hispanic Origin)		Texas Employment Commission
	Hispanic Origin		Current Employee
	Asian or Pacific Islander		Friend
	American Indian or Alaskan Native		Newspaper(Name)
			Just walked in
			Other (specify)
DISA	BILITY		
Do y	ou have a disability?	□ No	
	s described as: 1) physical or mental impairment rment; or 3) being regarded as having such an impa		stantially limits a major life activity; 2) previous record of



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400 Porter Street, Taylor, Texas 76574 Phone: (512)352-5993 www.taylortx.gov

Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Taylor bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Taylor and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular job and the type and seriousness of the crime, the frequency of violations, the applicants age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's name (Print or Type)	Date
Applicant's signature	Social Security Number
Address	Phone



CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

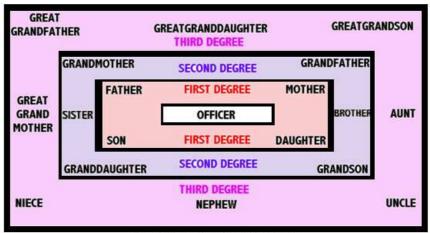
400 Porter Street, Taylor, Texas 76574

Phone: (512)352-5993 www.taylortx.gov

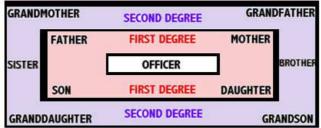
NEPOTISM CERTIFICATION

Applicant's Name
Position(s) Applying For:
No person may be employed by the City of Taylor who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the City Council, City Manager or to any employee who would supervise his or her job performance. (See the chart below.)
Are you or your spouse related by blood to any of the above parties or to your prospective supervisor in any way? \Box Yes \Box No \Box If yes, please explain

Nepotism Charts



CONSANGUINITY KINSHIP CHART



AFFINITY KINSHIP CHART

 Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, etc.) are also included in the prohibition.

Signature	Date
6 ———————————————	

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I,, acknown	, acknowledge that a Computerized Criminal			
APPLICANT or EMPLOYEE NAME (Please print)				
History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure				
Website and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) Authority				
for this agency to access an individual's criminal history	data may be found in Texas Government	Code		
411; Subchapter F.				
Name-based information is not an exact search a	and only fingerprint record searches repr	esent		
true identification to criminal history, therefore the organic	zation conducting the criminal history che	eck is		
not allowed to discuss with me any criminal history record	d information obtained using this method	. The		
agency may request that I have a fingerprint search perfe	formed to clear any misidentification base	ed on		
the result of the <u>name and DOB</u> search. Once this p	process is completed the information or	n my		
fingerprint criminal history record may be discussed with me.				
In order to complete the process I must make an appointment with the Fingerprint Applicant				
Services of Texas (FAST) as instructed online at www	w.txdps.state.tx.us /Crime Records/Revie	ew of		
Personal Criminal History or by calling the DPS Program	n Vendor at 1-888-467-2080, submit a ful	l and		
complete set of fingerprints, request a copy be sent to the	agency listed below, and pay a fee of \$24.	.95 to		
the fingerprinting services company.				
(This copy must remain on file by your agency. Required for future DPS Audits)				
Signature of Applicant or Employee	Please:			
	Check and Initial each Applicable Space			
Date	CCH Report Printed:			
CITY OF TAYLOR		initia1		
Agency Name (Please print)				
KIM PETERSON	Purpose of CCH:			
Agency Representative Name (Please print)	Empl Vol/Contractor	initial		
	Date Printed:	initial		
Signature of Agency Representative	Destroyed Date:	initial		
	Retain in your files			
Date				